


SUICIDE: **Helping Patients & Their Families** **After an Attempt**



**A Guide
for Medical
Professionals in
the Emergency
Department**



The Nation's Voice on Mental Illness

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SUICIDE: Helping Patients & Their Families

After an Attempt

The emergency department (ED) is the frontline of medicine and often serves as the doorway into the medical system for people in distress, including people who attempt suicide. Individuals who have attempted suicide are at increased risk for later dying by suicide, and up to 20 percent of those who attempted in the past will try again in the future.¹ The ED is often the initial point of contact with the health system for many of these individuals, and offers a unique opportunity to help set people who have attempted suicide on the road to recovery.

The purpose of this brochure is to provide you with some quick tips to enhance care in the ED for people who have attempted suicide, while also providing information on HIPAA, patient discharge, and resources about suicide for medical professionals, patients and their families.

Patient Care in the Emergency Department: Helpful Tips

Patient assessment and the development of a suicide prevention or safety plan are key steps in treating an individual who has attempted suicide. Your medical training may have provided you with the tools to perform a thorough assessment of an individual who has

¹ Appleby L., et al., "Suicide Within 12 Months of Contact With Mental Health Services: National Clinical Survey," *British Medical Journal* 318(7193):1235-1239, May 1999.

attempted suicide. However, for more information on this topic, NAMI is particularly impressed with the American Psychiatric Association's *Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors*. To review these useful guidelines, visit www.psych.org/psych_pract/treatg/pg/pg_suicidalbehaviors.pdf or call 703-907-7300.

In addition to your assessment, communicating with others who may have more information about a patient's history, such as a family member or another physician, can often provide valuable insight as you assess the patient's situation. Any such communications about a patient's protected health information must be in accordance with the federal patient privacy standards known as the Health Insurance Portability and Accountability Act (HIPAA). To assist you in navigating these issues, here are some brief highlights regarding HIPAA:

Communicating with a Patient's Family or other Caregiver

- HIPAA allows the disclosure of protected health information to a family member or caregiver in the following situations:
 - if the patient consents to his or her information being shared
 - if the hospital personnel provide the patient with the opportunity to object to the disclosure, and the patient does not express an objection
 - if it is reasonable to infer from the circumstances that the patient does not object to the disclosure.
- If an ED physician, based on his or her best medical judgement, feels the patient lacks the capacity to provide informed consent, and that

disclosure is in the patient's best interest, then the ED physician can communicate directly with a patient's family or other caregiver, even if a patient objects.

- However, information shared with family members or other caregivers should be limited to that which is directly relevant to the caregiver's involvement with the patient's care or payment for that care.

Remember: Although confidentiality laws may restrict you from communicating medical information to non-medical attendants, HIPAA allows you to receive unlimited information from families or other caregivers without patient consent.

Communicating with Other Medical Professionals About a Patient

If possible, consulting with an individual's inpatient and/or outpatient provider can help maintain continuity of care and allow for informed decision making by the patient and his or her treatment team. *As long as a good faith effort has been made to inform your patient about your institution's privacy practices, HIPAA allows you to:*

- Share information about your patient with other medical providers that are involved in the patient's care, both within and outside of your own institution. This applies to all forms of communication (verbal, electronic, written, etc.).
- Provide your name and contact information to another medical provider for communication about the patient.

To read more about HIPAA online, visit www.cms.hhs.gov/hipaa.

Patient Discharge from the Emergency Department: What the ED Can Do to Ease the Transition

In addition to your assessment and interventions for a patient in the ED, a well-conceived discharge plan will go a long way in helping patients safely and successfully recover. Here are a few things to consider when developing a patient's discharge plan.

Before leaving the ED, the patient, and his or her family, if appropriate, should have:

- a clear understanding of discharge arrangements,
- a written copy with information about prescribed medication(s) and treatment plans,
- key contacts to call—including outpatient providers, crisis lines and peer-support centers, and
- specific instructions about the signs, symptoms, or conditions that require a return.

Other key points to discuss with patients and families before discharge include:

- What to look for that may indicate a return of suicidal feelings.
- Follow-up care—Who? Where? When?
- How to get resources and supports in the community.
- How to reduce the immediate hazards of another suicide attempt (such as information on removing or restricting items that are frequently used for self-harm).
- Who to call with questions or concerns.

If a patient is being discharged and an appointment for follow-up care cannot be arranged before discharge, strongly encourage the patient to seek follow-up care within the

first few days of returning home. In areas where this service is available, mobile crisis teams have been very effective in helping patients in crisis connect with outpatient treatment following an emergency visit. Consider linking your patient with a team in your area to increase the chances that the patient will access follow-up care.

One of the most important things you can do for a patient or family member after having been seen in the ED is offer hope. Patients and families will be looking to you for what you think the prognosis is and for some assurance that this will not happen again. While you cannot guarantee there will not be a recurrence, you *can* assure them that recovery is likely if the patient adheres to the treatment plan.

Pages 7 through 9 of this brochure offer a list of crisis lines and referrals for more information on suicide and mental illness for patients and their families. Please also consider providing your patient with a copy of the brochure *Suicide: Taking Care of Yourself After an Attempt* and its companion brochure for families, *Suicide: Taking Care of Yourself & Your Family After an Attempt*. Each brochure includes information on safety and recovery, as well as additional resources for help.

Following these tips should increase the likelihood that your patients who have attempted suicide find the longer-term care that will prevent another attempt—one that could be fatal. You and the professional team around you can make the difference.

Resources for Professionals in the Emergency Department

The following resources offer excellent information on suicide and patient assessment.

American Association of Suicidology

A resource and education organization dedicated to the understanding and prevention of suicide. For more information, visit www.suicidology.org or call (202) 237-2280.

American Foundation for Suicide Prevention (AFSP)

The AFSP has recently produced an excellent poster for emergency physicians on the evaluation of patients who attempt suicide; to obtain a free copy, visit www.afsp.org or call 1-888-333-AFSP.

American Psychiatric Association

Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors. Visit www.psych.org/psych_pract/treatg/pg_pg_suicidalbehaviors.pdf or call 703-907-7300.

Gliatto, M. and Rai, A., “Evaluation and Treatment of Patients with Suicidal Ideation,” *American Family Physician*, March 15, 1999. Full text available online at www.aafp.org/afp/990315ap/1500.html.

National Strategy for Suicide Prevention

A comprehensive national plan that lays a framework for action to prevent suicide. For more information, visit www.mentalhealth.samhsa.gov/suicideprevention.

Suicide Prevention Resource Center

Supports suicide prevention with the best of science, skills and practice. For more information, visit www.sprc.org or call 1-877-GET-SPRC (438-7772).

Resources for Patients and Families in the Emergency Department

To learn more about suicide and to get help, consider the following resources.

In a crisis, contact:

1-800-273-TALK (8255)

The National Suicide Prevention Lifeline

A 24-hour, toll-free crisis hotline funded by the federal government that will direct callers to a nearby crisis center. The Lifeline will accept calls from non-English speakers.

www.suicidepreventionlifeline.org

For more information about suicide and mental illness:

American Association of Suicidology

A resource and education organization dedicated to the understanding and prevention of suicide.

www.suicidology.org or call 202-237-2280

American Foundation for Suicide Prevention

Dedicated to advancing the public's knowledge of suicide and its prevention.

www.afsp.org or call 1-888-333-AFSP

American Psychiatric Association

A national advocacy organization of psychiatrists.

www.psych.org or call 703-907-7300

American Psychological Association

A national advocacy organization of psychologists.

www.apa.org or call 1-800-374-2721

Befrienders International/Samaritans

An online resource that gives support through e-mail and offers a directory of local crisis helplines.

www.befrienders.org

The Covenant House Nineline Hotline – 1-800-999-9999

A 24-hour toll-free crisis hotline offering confidential and immediate crisis intervention and referrals to community resources.

www.covenanthouse.org/programs_nl.html

Hispanic Community Resource Helpline – 1-800-473-3003

(La Linea Nacional de Ayuda)

Offers support for Latinos who need information about educational, health and human service providers.

Link's National Resource Center for Suicide Prevention and Aftercare (LINK-NRC)

Provides suicide-related community education in the areas of prevention, intervention, aftercare and support.

www.thelink.org or call 404-256-9797

NAMI (The National Alliance on Mental Illness)

Offers information, support, and advocacy for persons affected by mental illnesses.

www.nami.org or call 1-800-950-NAMI (6264)

National Institute of Mental Health

NIMH is the lead federal agency for research on mental and behavioral disorders.

www.nimh.nih.gov or call 1-866-615-6464

The National Mental Health Association

Addresses all aspects of mental health and mental illness.

www.nmha.org or call 1-800-969-NMHA (6642)

The National Organization for People of Color Against Suicide

Addresses and raises awareness about the epidemic of suicide in minority communities.

www.nopcas.com or call 1-866-899-5317

National Strategy for Suicide Prevention

A comprehensive national plan to confront the suicide epidemic.

www.mentalhealth.samhsa.gov/suicideprevention

Suicide Awareness Voices of Education (SAVE)

Dedicated to preventing suicide through education, public awareness and stigma reduction.

www.save.org or call 952-946-7998

Suicide Prevention Action Network USA

A national organization dedicated to action and advocacy around suicide prevention.

www.spanusa.org or call 202-449-3600

Suicide Prevention Resource Center

Supports suicide prevention with the best of science, skills and practice.

www.sprc.org or call 1-877-GET-SPRC (438-7772)

The Trevor Helpline – 1-866-4U-TREVOR

A national 24-hour, toll-free suicide prevention hotline aimed at gay and questioning youth.

www.thetrevorproject.org

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For More Information:



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